

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2	1						
3	1						
4	1						
5	4						
6	4						
7	4						
8	4						
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46							
47							
48							
49							
50							
TOTAL IND.	1						
TOTAL DEP.	23						
TOTAL CLAIMS.	24						

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS.